

| PORTION                   | INITIALS   | ID NO. | DATE     |
|---------------------------|------------|--------|----------|
| FEE DETERMINATION         | <i>ADP</i> |        | 05/20/01 |
| O.I.P.E. CLASSIFIER       |            |        |          |
| FORMALITY REVIEW          | <i>SL</i>  | 809    | 10-12-01 |
| RESPONSE FORMALITY REVIEW | <i>SI</i>  | 1021   | 07/11/02 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date    |
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| Final Original |         |
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| Claim          | Date |
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| 150            |      |

Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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10/15/01  
 905  
 7/11/02